

A Review: Historical Background of Female Genital Organs and Infective Pathology

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Abstract:

History is the one of the significant tool to know about the exact situation of the present time. In medical knowledge is improving day by day but totally dependent upon the history and research practice. Most of the time history is very helpful to understand the present time. Medical science had great history as the started in the 377 B.C by father of medicine Hippocrates (*Bukhrat*). His theories and personal experience is very much supportive to develop the advance medical science. In this paper we are going to discuss about the historical background of the female genital organs and the different theories said by different Unani scholars in ancient time.

Keywords: Quran, Kahoon papyrus, Nashonuma-e-Janeen, Kitab-ul-Rahem, gonorrhea

Introduction:

Each and every study in the world had some specific history. Medical science also had the very significant history to make more advance to it. As per the gynecological and obstetrics knowledge has become more advance with history. In Unani system of the medicine Gynecology and obstetrics known as the Amraz-e-Niswan-wa-Qabalat, there are so many literatures regarding to this subject present in the ancient books which is more beneficial to understand the anatomical structure of female genital organs.

Historical background:

In Quran (Allah) mention that endometrial lining of the uterus is similar to the soil in which a seed is embedded. During this stage the real settlement begins, and it is described in Prophet's Hadith.¹

About the knowledge of the anatomy and reproductive process, first detailed information comes from the *Egyptian papyrus* which describes many gynaecological complaints and recipes.^{2,3,4}

Ancient Egyptian Kahoon papyrus were aware about the anatomy of the genital organs.^{2,4}

Herophilus (IV century BC) was aware about the ovaries and female testicles/didymis (Twins).⁵



*** Hippocrates** (460-377 BC) was aware of the pelvic abscess and pyometra. He was also aware about the *Mani* and development of the fetus (*Nashonuma-e-Janeen*).⁵

◆ Jalinoos (Galen) (131- 201 AD) was aware about the anatomy of the *Rahem* in his book *"Kiatb-ul-Tashreeh ul Rahem"*. This book exists in the *"Aya-sofiya Library*.⁵

◆ Jalinoos (Galen) (131- 201 AD) was the first person who described the term "Gonorrohea".⁵

Rhazes (852 AD), Mesue (904 AD) and Ali Abbas (980 AD) described gonorrhoea, cystitis and inflammation of the testicles.⁵

Rofas (98-117 AD) was aware about disease of the female and its treatment in his book *Kitab-ul-Tadbeer-ul-Nisa*.⁵

◆ Fail-Qaryoos was first to described about the pressure of the uterus and *Ikhtinaqh-ur-Rahem*. He was also aware about the treatment of the *Ikhtinaqhur-Rahem* with *Hijama* (Cupping).⁶

In ancient Greece, Aetius described the surgical procedure to the drainage of pus through the colpos, indicating that earliest physicians not only diagnosed pelvic abscesses but also provided surgical treatment.⁷

◆ Yu Hina Bin Masoya (777-858 AD) was aware about the anatomy and physiology of the *Rahem* in his book *"Kitab-ul-Rahem"*.⁵

Burnutz and Goupil (1857) first described relation of the gonorrhoea to PID and based on the autopsy report.⁸

Halbersatedter and Prowazek (1907) first described Chlamydia trachomatis. 69 Emile Noeggrath (1827-1895) described about the relation of gonorrhoea to sterility and also advocated treatment for the both partner.69

Eilard (1976) and Mardha (1977) first isolated C. trachomatis from the fallopian tube of the patients with acute salpingitis.⁹

Lenardo da vinci (1452-1519) was first person to described the structure of the ovaries.¹⁰

1683: Mauriceau described inflammatory tumours of the uterine adnexa in puerperal infections.¹¹

Arthur Hale Curtis (1930) who first reported *Fitz-Hugh-Curtis syndrome*.¹²

Thomas Fitz-Hugh, Jr (1934) who reported Fitz-Hugh-Curtis syndrome.¹³



According to the 1874 edition of Dunglison's Dictionary of Medical Science: "Gonorrhoea of every kind, attended with any inflammatory symptoms, is best treated by the antiphlogistic regimen, avoiding every kind of irritation, and keeping the body cool by small doses of salts, and the urine diluted by the mildest fluids.¹⁴

Noeggerath (1876) was the first physician to link sexual transmission with infertility.¹⁵

✤ Von Bumm (1887) has established the sequence of cervical gonorrhoea progression to endometritis, salpingitis, and pelvic peritonitis.¹⁶

Wertheim, Schauta, Kelly, Martin, Schottmuller and Barfuth (1892-1914) isolated a different type of aerobic and anaerobic bacteria from the fallopian tubes and pelvic cavities of women with PID.¹⁷

◆ **Neisser** (1879): He discovered the gonococcus and it was soon proven to be the etiologic agent of gonorrhoea. He demonstrated its presence consistently in patients with characteristic symptoms.¹⁸

Bumstead (1864): He stated that undoubted efficacy in the treatment of many cases of gonorrhoea, but in others they utterly fail, nor have we any means of distinguishing these two classes of cases beforehand. They are by no means indispensable in the treatment of every case of gonorrhoea.¹⁹

Cuvler H (1916): He mentioned that the effect of vaccines is to kill gonococci, meningococci and colon bacilli administered intravenously in cases of gonorrhoea, some with epididymitis or arthritis. The effects were most consistently beneficial in regard to arthritis. However, the responses were not specific to the gonococcus vaccine.²⁰

Mercurochrome (1921): was used for the first time and found very effective against N. gonorrhoea in a 40fold higher dilution than against E. coli.²¹

1923: "The clinical investigation in the treatment of gonococcal infection by diathermy" was done by Cumberbatch, EP, but this procedure was limited to the arthritis only.²²

1930: Sulfonamides were first used to treat PID.²³

✤ 1932: Heat therapy of gonococcal infection achieved scientific justification by investigators at the University of Rochester.²⁴

1946: Falk clearly demonstrated that the ascending route of spread in PID.²⁵

1957: Chlamydia trachomatis was identified by T'ang and co-workers.²⁶

1959: Chlamydia trachomatis was isolated from the human genital tract.²⁷



✤ 1960: Laparoscopy has been used systematically to provide an accurate diagnosis of salpingitis, and the vast array of clinical presentations became apparent.²⁸

1970: Mycoplasmas were isolated from the fallopian tube.²⁸

1975: The poly-microbial aetiology of PID was described.²⁹

Conclusion:

In this review paper we conclude structure and function of female genital organs has been define by different scholars that's is quite helpful to understand basic anatomy of the genital organs. Some scholars had diagnosed different pathological condition of female genital organs. This research is very helpful for the doctor in gynecology and obstetrics department.

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